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CONFIRMATION NO. 1931

<b>SERIAL NUMBER</b> 10/550,297	<b>FILING OR 371(c) DATE</b> 09/21/2005 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> LEMAN.001APC
<b>APPLICANTS</b> Raymond Andrieu, Yens, SWITZERLAND; Afsendiyos Kalangos, Geneva, SWITZERLAND;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/00707 03/08/2004 which claims benefit of 60/457,291 03/26/2003				
<b>** FOREIGN APPLICATIONS *****</b> SWITZERLAND 0480/03 03/21/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/09/2006				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> 20995				
<b>TITLE</b> INTRAPARIETAL AORTIC VALVE REINFORCEMENT DEVICE AND REINFORCED AORTIC VALVE				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	